

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/566693</div>	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
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23		/					73		/				
24		/					74		/				
25	/						75		/				
26		/					76		/				
27		/					77		/				
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35		/					85		/				
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37		/					87		/				
38		/					88		/				
39		/					89		/				
40		/					90		/				
41		/					91		/				
42		/					92						
43	/						93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	4	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	87	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	91					